

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5834 Westminster /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community years, months or days

3. (a) PRINT FULL NAME FANNIE ROSENTHAL

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Rubin Rosenthal 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 60 hr. min.

9. Birthplace Russia
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business Unknown

12. Name Unknown

13. Birthplace Russia
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sadie Kleinberger

(b) Address 5834 Westminster

17. (a) Burial (b) Date thereof 9-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beth Hamedrosh Hagodol Cem.

18. (a) Signature of funeral director Herman Rindskopf, Inc.

(b) Address 5216 Delmar Blvd.

19. (a) SEP 20 1948 (b) J. F. Brudek (Registrar's signature)

(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 5834 Westminster 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20
year 1948 hour 3:00 minute A.M.

21. I hereby certify that I attended the deceased from Sept. 15, 1948 to Sept. 20, 1948
that I last saw her alive on Sept. 15, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Anterior sclerotic Heart Disease 2 yrs +

Due to Hypertension 2 yrs +

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. F. Brudek (M.D. or other)

Address 607 N. Grand Date signed 9-21-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John Ketter

Licensed Embalmer No. *3880*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.